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Air Methods Critical Care Exam (NEW 2023/ 2024 Update) Questions and Verified Answers| 100% Correct| Grade A

QUESTION
_What is an upper airway obstruction?

Answer: Interruption in airflow through nose, mouth, pharynx, or larynx. The large always outside the thorax.

QUESTION
_PALS What causes upper airway obstruction?

Answer: Airway Swelling
(anaphylactoid rx) ,Infection r/t croup
Aspirated foreign body enlarged tonsils or adenoids
Decreased level of consciousness GCS of 8?

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QUESTION
_Infants and small children are especially vulnerable to

Answer: Upper airway ob- struction.
Infants are obligate nose breathers.

QUESTION
_PALS Management of upper airway obstruction

Answer: position of comfort, or jaw thrust chin lift
100% FIO2 via non rebreather
-Carefully weigh decision to suction. Don't do it if it's croup of anaphylaxis.
-give nebulizer epinephrine particularly if swelling is beyond the tongue.
-Give inhaled or IV cortical steroids
-OPA for AMS and NPA for ams with a gag.

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- consider cpap.
-Only experienced intubation should be considered ensure pt can be ventilated prior to paralytic
- prepare for difficult airway (needle cricothyroidotomy)

QUESTION

_In infants and children, retraction of the skin, muscles, and other tissue around the clavicle and between the ribs indicates:
A.
shallow breathing. B.
labored breathing. C.
see-saw breathing.
D.
normal breathing.

Answer:

QUESTION

_PALS Management of upper airway obstruction caused by croup.

Answer:

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QUESTION

_PALS Management of Anaphylaxis

Answer: In addition to ABC....
- Administer IM epic by auto injector or regular syringe every 10 to 15 minutes as needed. Repeat doses may be needed.
-Treat bronchospasm with albuterol MDI or Nebulizer
-Give continuous nebulizer treatment if needed.
-**For severe respiratory distress anticipate further airway swelling and prepare for endotracheal intubation

QUESTION

_PALS Management of anaphylaxis continues

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Answer: To treat hypotension:
-Place child in trendelenburg position as tollerated
-administer isotonic crystalloid (NS/LR) at 20ml/kg repeat as needed.
-For hypotension unresponsive to fluids and IM epinephrine, start a gtt at 0.05-2 mcg/kg/min titrate to effect

QUESTION

_Pals Management of anaphylaxis continues finally...

Answer: Administer Diphenhy- dramine 1mg/kg and an H2 blocker, ranitadine IV.
-Administer methylprednisolone or equivalent IV

QUESTION

_PALS Management of Lower Airway Obstruction

Answer: After ABC... If assisted ventilation is needed provide at a slow rate.

QUESTION

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_PALS Management of Lower Airway Obstruction Bronchiolitis

Answer: After ABC
-Suction as needed
Consider labs: viral studies, chest X-ray and ABG
trial nebulize epi or albuterol, if no improvement, Discontinue

QUESTION

_PALS Management of acute asthma Mild to Moderate

Answer: -Administer humidified
O2 in high concentration via nasal cannnula or O2 mask. K
-Keep SpO2 >= 94%
-Administer Albuterol via MDI or Nebulizer
-PO corticosteroids

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QUESTION

_PALS Management of Moderate to Severe Asthma

Answer: -Administer O2 for a
SpO2 >= 94% NC or NRB
-Albuterol via MDI with Spacer or Nebulizer
-Continuous Albuterol may be needed
-Administer Ipatroprium in combo with the albuterol
-Corticosterorids IV
-Magnesium Sulfate 25-50mg/Kg via slow IV bolus over 15 to 30 minutes. MAX 2g
-Labs as indicated

QUESTION

_PALS Management of Severe Asthma

Answer: In Addition to all of the interventions for moderate to sever asthma...
-Consider Terbutaline 10mcg/Kg load over 5 minutes SQ or as a gtt 0.1 mcg/kg/min or IM epi as an alt.
-Bipap
-If refractory hypoxemia intubate.

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QUESTION

_Epi Dose, Flight nurse trick

Answer: 0.1ML/kg no matter what concentration according to Bill.

QUESTION

_PALS Defibrillation dose

Answer: 2 J/kg

QUESTION

_PALS Cardioversion dose

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